

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32076

FILED NOV 1 1948

State File No. \_\_\_\_\_

Registration District No. 12

Primary Registration District No. 1000

Registrar's No. 1133

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Sisters Hosp. 10th & Powell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days (Specify whether  
In this community 8 days years, months or days)

3. (a) PRINT FULL NAME Arthur Mallen

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife MARY MALLEN 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased MARCH 29 1870  
(Month) (Day) (Year)

8. AGE: Years 78 Months 6 Days 27 If less than one day hr. min.

9. Birthplace Clinton County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name Hugh Mallen  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Rose McEenna  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Hugh Mallen  
(b) Address Plattsburg Mo.

17. (a) Burial (b) Date thereof 10 28 48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Plattsburg Mo.

18. (a) Signature of funeral director D. B. Lyon  
(b) Address Plattsburg Mo.

19. (a) Oct 27, 1948 (b) E. B. Jenkins  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton  
(c) City or town Concord temp. PARAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. --- (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 26  
year 1948 hour 2 minute 33 P.M.

21. I hereby certify that I attended the deceased from Oct 20 1948 to Oct 26 1948  
that I last saw him alive on Oct 26 and that death occurred on the date and hour stated above.

Immediate cause of death Heart Disease Arteriosclerosis  
Due to Arteriosclerosis General

Due to Arteriosclerosis General

Other conditions Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: Of operations 93P

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury ---

23. Signature John E. Jenkins (M. D. or other) Dr. John E. Jenkins  
Address Plattsburg Mo. Date signed Oct 27 1948

---

---

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed

*Danell D. Lyon*

Licensed Embalmer No. 3640

P. O. Address Plattsburg, N.Y.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.